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FACSIMILE TRANSMISSION

Date: 6/16/2006

Pages: 20 (including this page)

To: USPTO

From: Cynthia K. Nicholson

Fax No.: 571-273-8300

Subject: Amendment

Comments:

Applicant: OKADA et al.	Serial No.: 10/020,164
Filing Date: 12/18/2001	Atty Dkt.: 01-240

Title: COMMUNICATION SYSTEM INCLUDING A WIRE

Attached please find:

- (1) Transmittal form;
- (2) Fee transmittal form;
- (3) Petition for Extension of Time (1 month); and
- (4) 16-page Amendment

CERTIFICATE OF FACSIMILE TRANSMISSION

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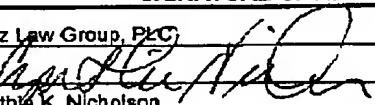
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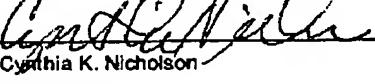
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/020,164	JUN 16 2006
		Filing Date	12/18/2001	
		First Named Inventor	OKADA	
		Art Unit	2638	
		Examiner Name	Lawrence B. WILLIAMS	
Total Number of Pages in This Submission		Attorney Docket Number	01-240	

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Posz Law Group, P.C.		
Signature			
Printed name	Cynthia K. Nicholson		
Date	16 June 2006	Reg. No.	36,880

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Signature			
Typed or printed name	Cynthia K. Nicholson	Date	16 June 2006

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FEE TRANSMITTAL		Application Number	10/020,164																																																							
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<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit	2638																																																							
TOTAL AMOUNT OF PAYMENT (\$ 120		Attorney Docket No.	01-240																																																							
METHOD OF PAYMENT (check all that apply)																																																										
<input type="checkbox"/> Check <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																										
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-1147</u> Deposit Account Name: <u>Posz Law Group, PLC</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																																																										
FEES CALCULATION																																																										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES <table border="1"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid (\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity</th> <th>Fee (\$)</th> <th>Small Entity</th> <th>Fee (\$)</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>\$</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td></td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td></td> </tr> <tr> <td>Provisional</td> <td>160</td> <td>80</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table>					Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Utility	300	150	500	250	200	100	\$	Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	160	80	0	0	0	0	
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SUBMITTED BY <table border="1"> <tr> <td>Signature</td> <td></td> <td>Registration No. (Attorney/Agent)</td> <td>36,880</td> <td>Telephone (703) 707-9110</td> </tr> <tr> <td>Name (Print/Type)</td> <td>Cynthia K. Nicholson</td> <td colspan="2"></td> <td>Date 16 June 2006</td> </tr> </table>					Signature		Registration No. (Attorney/Agent)	36,880	Telephone (703) 707-9110	Name (Print/Type)	Cynthia K. Nicholson			Date 16 June 2006																																												
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